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Docket No.
5523-67250Total Pages in this Submission
27

UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

TO THE ASSISTANT COMMISSIONER FOR PATENTSBox Patent Application
Washington, D.C. 20231

Transmitted herewith for filing under 35 U.S.C. 111(a) and 37 C.F.R. 1.53(b) is a new utility patent application for an invention entitled:

**LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE FOR TREATMENT OF
INTERFERON-SENSITIVE DISEASES**

and invented by:

Joseph M. Cummins and Edward P. Amento

JC636 U.S. PTO
09/29/00
09/28/00

If a CONTINUATION APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

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Enclosed are:

Application Elements

- 1. Filing fee as calculated and transmitted as described below
- 2. Specification having 23 pages and including the following:
 - a. Descriptive Title of the Invention
 - b. Cross References to Related Applications (*if applicable*)
 - c. Statement Regarding Federally-sponsored Research/Development (*if applicable*)
 - d. Reference to Microfiche Appendix (*if applicable*)
 - e. Background of the Invention
 - f. Brief Summary of the Invention
 - g. Brief Description of the Drawings (*if drawings filed*)
 - h. Detailed Description
 - i. Claim(s) as Classified Below
 - j. Abstract of the Disclosure

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Application Elements (Continued)

3. Drawing(s) (when necessary as prescribed by 35 USC 113)
 - a. Formal Number of Sheets _____
 - b. Informal Number of Sheets _____
4. Oath or Declaration
 - a. Newly executed (*original or copy*) Unexecuted
 - b. Copy from a prior application (37 CFR 1.63(d)) (*for continuation/divisional application only*)
 - c. With Power of Attorney Without Power of Attorney
 - d. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b).
5. Incorporation By Reference (*usable if Box 4b is checked*)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
6. Computer Program in Microfiche (*Appendix*)
7. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all must be included*)
 - a. Paper Copy
 - b. Computer Readable Copy (*identical to computer copy*)
 - c. Statement Verifying Identical Paper and Computer Readable Copy

Accompanying Application Parts

8. Assignment Papers (*cover sheet & document(s)*)
9. 37 CFR 3.73(B) Statement (*when there is an assignee*)
10. English Translation Document (*if applicable*)
11. Information Disclosure Statement/PTO-1449 Copies of IDS Citations
12. Preliminary Amendment
13. Acknowledgment postcard
14. Certificate of Mailing

First Class Express Mail (*Specify Label No.*): EL 504 447 605 US

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Accompanying Application Parts (Continued)

15. Certified Copy of Priority Document(s) (*if foreign priority is claimed*)

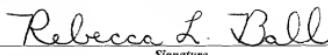
16. Additional Enclosures (*please identify below:*)

Fee Calculation and Transmittal

CLAIMS AS FILED					
For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	40	- 20 =	20	x \$18.00	\$360.00
Indep. Claims	7	- 3 =	4	x \$78.00	\$312.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
					BASIC FEE \$690.00
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A check in the amount of \$1,362.00 to cover the filing fee is enclosed.
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 Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).


Rebecca L. Ball
Signature

Dated: 28 September 2000

Rebecca L. Ball
Registration No. 46,535

CC:

PATENT APPLICATION
of
JOSEPH M. CUMMINS
EDWARD P. AMENTO
for
LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE
FOR TREATMENT OF INTERFERON-SENSITIVE DISEASES
Attorney Docket 5523-67250

Attorneys:

Steven R. Lammert
Rebecca L. Ball
Barnes & Thornburg
11 South Meridian St.
Indianapolis, Indiana 46204

LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE
FOR TREATMENT OF INTERFERON-SENSITIVE DISEASES

Cross Reference to Related Applications

5 This application claims priority under 35 U.S.C. § 119(e) to U.S.
Provisional Application No. 60/156,480, filed September 28, 1999 which is expressly
incorporated by reference herein.

Field of the Invention

10 The present invention relates to a composition and method for
treatment of patients afflicted with IFN-gamma susceptible diseases. More
particularly, this invention is directed to a low dose IFN-gamma pharmaceutical
formulation and a method for using IFN-gamma for treatment of disease states
selected from acute inflammation, monocyte and neutrophil dysfunction, attenuated B
15 cell function, cancer, bacterial or fungal diseases, and fibrosis.

Background and Summary of the Invention

The prior art is replete with references to the use of interferons in the
treatment of interferon-sensitive diseases. IFN-gamma is a commercially available
20 pharmaceutical with but few FDA approved clinical indications. Treatment with
gamma IFN is typically effected by administering doses of IFN-gamma ranging from
about 10^4 to 3×10^6 IU of IFN-gamma/kg of patient body weight, typically
administered via subcutaneous or intramuscular injection. While the oral ingestion
and oral mucosal (sublingual or buccal) administration of low doses of alpha and beta
25 interferon have been described in the art, there has been no description of the
administration of very low doses of the notably acid-labile IFN-gamma compounds
into the mouth for treatment of acute inflammation, for activation of monocyte,
neutrophil and B-cell function, or for treatment of bacterial or fungal diseases as is
described and claimed in accordance with the present invention. Nor is there any
30 description of the oral administration of such low doses of gamma interferon for
oncolytic or antifibrotic applications.

There still exists a significant need to optimize the efficiency of IFN-gamma administration and to continue diligent research and development work directed to discovery of new interferon administration protocols capable of eliciting heretofore unrecognized disease resisting immune responses.

5 The present invention is based in part on the discovery that IFN-gamma when administered into the oral cavity inhibits the egress of neutrophils from capillaries into an extra-vascular fluid space. The discovery was made during a study conducted in a model of acute inflammation in which a cavity is formed in subcutaneous tissue of mice by the repeated injection of air. A pro-inflammatory
10 agent (IL-1 mixed in carboxymethylcellulose (CMC)) is used to induce the acute influx of neutrophils into the blind cavity. Surprisingly, the study revealed that IFN-gamma administered to the oral cavity in low doses (10 IU per day for three days) to mice markedly inhibited neutrophil accumulation to a level equivalent to that obtained by administering 200,000 IU per day of IFN-gamma parenterally for three days. This
15 observation is also predictive of the capacity of oral IFN-gamma to influence monocyte function. Neutrophils and monocytes are derived from a common precursor cell and many of the effects of IFN-gamma on neutrophils are also shared with monocytes. Thus, in accordance with another aspect of this invention low doses of IFN-gamma are administered into the oral cavity in an amount effective to enhance
20 monocyte function and thereby benefit the treatment of infectious agents that reside primarily in monocytes, for example, tuberculosis and leprosy, and in treatment of chronic granulomatosis disease (CGD).

"Interferon" is a term generically encompassing a group of vertebrate glycoproteins and proteins which are known to have antiviral, antiproliferative and
25 immunomodulatory activity. In the early years of interferon research, an international committee that was assembled to devise a system for orderly nomenclature of interferons defined "interferon" as follows: "To qualify as an interferon a factor must be a protein which exerts virus non-specific, antiviral activity at least in homologous cells through cellular metabolic process involving synthesis of both RNA and
30 protein." Journal of Interferon Research, 1, pp. vi (1980). "Interferon" as used herein in describing the present invention shall be deemed to have that definition and shall

contemplate such proteins, including glycoproteins, regardless of their source or method of preparation or isolation.

Interferons have generally been named in terms of the species of animal cells producing the substance, the type of cell involved (e.g.,

5 leukocyte/lymphoblastoid or fibroblast) and, occasionally, the type of inducing material responsible for interferon production. The designations alpha (α), beta (β) and gamma (γ) have been used to correspond to the previous designations of leukocyte, fibroblast, and immune interferons, respectively. Alpha and beta interferons are usually acid-stable and correspond to what have been called Type I
10 interferons; gamma interferons are usually acid-labile and correspond to what have been called Type II interferons. More recently, interferon tau has been described as an interferon-alpha related Type I interferon produced by bovine and ovine trophoblasts.

Interferon of human and murine origin is quantified in the art in terms
15 of International Units (IU). Interferons of other than human or murine origin can be used in accordance with this invention, and interferons isolated from native interferon-producing cell populations or from recombinant organisms can be used. In that presently accepted practices may not extend the use of "International Units" to quantify non-human and non-murine interferons, it shall be understood that
20 administration of amounts of non-human/non-murine interferons having the same efficacy as the quantities (IU's) of human interferon specified in this description are within the scope of the present invention.

One embodiment of the present invention is directed to a method for reducing acute inflammation in a warm-blooded vertebrate suffering from such
25 inflammation. The method comprises the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and reducing said acute inflammation. The method comprises a step of administering a low dose (relative to art-recognized clinically acceptable parenteral doses of IFN-gamma) into the oral cavity of the vertebrate or parenterally. The orally
30 administered IFN-gamma can be administered buccally, sublingually, pharyngeally, or by oral ingestion in solution or in a saliva-soluble dosage form. Acute inflammatory disease of the sort mediated by neutrophil ingress includes, but is not

limited to, asthma or inflammation induced by radiation therapy for tumors in the lungs, brain or kidney, by reperfusion injury incident to stroke or coronary artery blockage, by traumatic injury to the brain or spinal cord, or by traumatic burns. It has also been found that intraperitoneal injection of low doses of IFN-gamma is

5 significantly effective in treatment of acute inflammatory disease. Doses of IFN-gamma suitable for use in accordance with the present invention are those doses ranging from about 0.1 to about 10,000 IU of IFN-gamma/kilogram of body weight, and, more preferably, from about 1 to about 500 IU of IFN-gamma/kilogram of body weight, or about 1 to about 100 IU of IFN-gamma/kilogram of body weight.

10 In another embodiment of the invention a method is provided for treating or preventing IFN-gamma sensitive disease states selected from the group consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer and fibrosis in a human patient suffering from such disease. The method comprises the steps of administering orally or parenterally to said patient about 0.1 to about

15 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and treating or preventing said disease states. An antifibrotic or a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction may be used in combination with IFN-gamma in accordance with the present invention.

20 In another method embodiment of the present invention, IFN-gamma sensitive diseases, for example, chronic granulomatosis disease and osteopetrosis are treated by administering orally or parenterally about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of the vertebrate.

In yet another embodiment of the invention a method is provided for
25 treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases. The method comprises the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and treating or preventing said bacterial or fungal disease.

30 In still another embodiment of the invention a method is provided for treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases. The method comprises the steps of administering orally

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or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antibiotic and an antifungal, and treating or preventing said bacterial or fungal disease.

5 The experimental data produced in the research work supporting the present invention also suggests that low doses of IFN-gamma activate B-cell populations. Accordingly, another aspect of this invention is a method of activating the B-cell population of a patient suffering from a disease state characterized by attenuated B-cell function. The method comprises the steps of administering orally or
10 parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and activating at least a portion of said B-cell population.

In still one other embodiment of the invention there is provided a pharmaceutical formulation for treatment of a disease selected from the group consisting of acute inflammation, monocyte, neutrophil, or B cell dysfunction, cancer,
15 bacterial and fungal diseases, and fibrosis. The formulation comprising in unit dosage from about 10 to about 50,000 IU of human IFN-gamma and a pharmaceutically acceptable carrier therefor. The formulation can be in a liquid or solid form, and it is preferably formulated for administration to the oral cavity as a saliva-soluble solid. Optionally, the formulation can be in a lozenge dosage form for administration to a
20 patient by holding the lozenge dosage form in the mouth to form a saliva solution of IFN-gamma in contact with the oral and pharyngeal mucosa. In combination with IFN-gamma, the formulations of the present invention may also comprise a therapeutic agent selected from the group consisting of an antibiotic, an antifungal, an antifibrotic, and a chemotherapeutic agent known for use in cancer therapy or for
25 treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction.

In other embodiments of the present invention IFN-gamma is administered to treat IFN-susceptible disease states in a human or other animal by its oral administration or parenteral administration at a dose of about 0.1 to about 5000
30 IU/kg, about 1 to about 1000 IU/kg, about 1 to about 500 IU/kg, about 1 to about 100 IU/kg, or about 0.1 to about 3 IU/kg of patient body weight.

Detailed Description of the Invention

The present invention is directed particularly to low dose IFN-gamma compositions and their use in methods for treatment of warm-blooded vertebrates with interferon-sensitive diseases. The present invention enables use of low doses of
5 IFN-gamma of about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of the patient undergoing treatment. More preferably, in other embodiments of the invention the patient is treated with IFN-gamma at concentrations of about 0.1 to about 5000 IU/kg, about 1 to about 1000 IU/kg, about 1 to about 500 IU/kg, about 1 to about 100 IU/kg, or about 0.1 to about 3 IU/kg of patient body weight. The
10 effective dose of the IFN-gamma can vary from species to species, and can depend on the condition of the animal being treated. The IFN-gamma may be administered into the oral cavity, most preferably sublingually or buccally, or may be administered parenterally. The interferon may also be administered by oral ingestion, intranasally, for example by inhalation of a powder or dispersed liquid droplets, or topically and
15 may be administered in a pharmaceutically acceptable solid, liquid, or saliva-soluble dosage form (e.g., a lozenge).

The method of the present invention can be used for treatment of any warm-blooded vertebrate animal and is applicable to human clinical medicine and, potentially, to the treatment of agricultural animals, domestic animals, laboratory
20 animals, or wild animals in captivity. Thus, the present invention has human clinical and veterinary applications among other applications. The present invention can be applied to warm-blooded vertebrate animals including, but not limited to, humans, laboratory animals such rodents (e.g., mice, rats, hamsters, etc.), rabbits, monkeys, chimpanzees, domestic animals such as dogs, cats, and rabbits, agricultural animals
25 such as cows, horses, swine, sheep, goats, and poultry, and wild animals in captivity such as birds, bears, pandas, lions, tigers, leopards, elephants, zebras, giraffes, gorillas, bison, deer, antelope, marmosets, dolphins, whales, and any endangered animal.

The invention is applicable to such disease states as acute inflammation,
30 monocyte and neutrophil dysfunction, attenuated B cell function, cancer, bacterial or fungal diseases, and fibrosis. The invention can be used to potentiate the immune response to cancers that are tumorigenic, including benign tumors and malignant

tumors, or cancers that are non-tumorigenic. Such cancers may arise spontaneously or by such processes as mutations present in the germline of the host animal or somatic mutations, or may be chemically-, virally-, or radiation-induced. The invention can be utilized to enhance the immune response to such cancers as

5 carcinomas, sarcomas, lymphomas, Hodgkin's disease, melanomas, mesotheliomas, Burkitt's lymphoma, nasopharyngeal carcinomas, leukemias, myelomas, and other neoplastic diseases. The cancer cell population can include, but is not limited to, oral, thyroid, endocrine, skin, gastric, esophageal, laryngeal, pancreatic, colon, bladder, bone, ovarian, cervical, uterine, breast, testicular, prostate, rectal, kidney, liver, and
10 lung cancers.

The low doses of interferon-gamma for use in accordance with the present invention can also be used to potentiate the immune response to exogenous pathogens or to a cell population harboring an endogenous pathogen, e.g., monocytes harboring tuberculosis or leprosy bacteria. The present invention is applicable to such
15 exogenous pathogens as bacteria and fungi. Bacteria that may be treated with the present invention are any art-recognized bacteria that cause pathogenesis in warm-blooded vertebrate animals, including such organisms as bacteria that are gram-negative or gram-positive cocci or bacilli. Of particular interest are bacteria that are resistant to antibiotics such as antibiotic-resistant *Streptococcus* species and
20 *Staphylococcus* species, or bacteria that are susceptible to antibiotics, but cause recurrent infections treated with antibiotics so that resistant organisms eventually develop. Such organisms can be treated with the low doses of IFN-gamma of the present invention in combination with lower doses of antibiotics than would normally be administered to warm-blooded vertebrates to avoid the development of these
25 antibiotic-resistant bacterial strains.

The present invention is also applicable for use in enhancing the immune response to any fungi or mycoplasma species or other microorganisms that cause disease in warm-blooded vertebrate animals. Examples of fungi that may be treated with the method of the present invention include fungi that grow as molds or
30 are yeastlike, including, for example, fungi that cause diseases such as ringworm,

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histoplasmosis, blastomycosis, aspergillosis, cryptococcosis, sporotrichosis, coccidioidomycosis, paracoccidiomycosis, and candidiasis.

Other afflictions responding to the low doses of IFN-gamma of the present invention are autoimmune disorders, inflammatory disorders, immuno-
5 deficiency disorders, and fibrosis. Low doses of IFN-gamma may be used to modulate the immune response to such autoimmune disorders as rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, myasthenia gravis, Guillain-Barré syndrome, Graves disease, Sjögren's syndrome, autoimmune alopecia, scleroderma, psoriasis, and graft-versus-host disease.

10 Acute inflammatory disorders that respond to low doses of IFN-gamma in accordance with this invention include such hyperallergenic conditions as asthma, anaphylaxis, eczema, atopic and allergic contact dermatitis, and food, drug, and environmental allergies. Acute inflammation induced by radiation of the lungs, brain or kidney during radiation therapy for tumors, by reperfusion injury incident to
15 stroke or coronary artery blockage, or by traumatic burns or traumatic injury to the brain or spinal cord also respond to the low doses of IFN-gamma of the present invention. Inflammatory disorders involving monocyte or neutrophil dysfunction that respond to low doses of interferon include such diseases as chronic granulomatous disease, Chédiak-Higashi syndrome, Job's syndrome, systemic lupus erythematosus, osteopetrosis, and aplastic anemia.

Any immunodeficiency-related disorder, including disorders resulting from attenuated B cell function, may also be treated with the low doses of interferon of the present invention including such disorders as acquired immunodeficiency syndrome, xeroderma pigmentosa, severe combined immunodeficiencies,
25 agammaglobulinemias, multiple myeloma, leukemias, and the like. Fibrosis, including interstitial joint and interstitial lung diseases and diseases of the lower bronchial or alveolar lining, may also be treated with the low doses of IFN-gamma used in accordance with this invention. Additionally, fibrotic diseases of any other organ or tissue, including the kidney, liver, heart, pericardium, retina or other ocular
30 tissues, peritoneum, spinal tissue, and the meninges may be treated in accordance with this invention.

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The method of the present invention may be used in combination with other therapies, such as in the case of treatment of cancer in combination with surgical removal of a tumor or radiation therapy or chemotherapy, or in the case of microbial diseases in combination with antibiotics. Antibiotics, including antimicrobials and 5 antifungals, can be administered in combination with the low doses of IFN-gamma of the present invention. Such antibiotics include penicillins, cephalosporins, vancomycin, erythromycin, clindamycin, rifampin, chloramphenicol, aminoglycosides, gentamicin, and amphotericin B. In the case of fibrotic diseases, IFN-gamma may be used in combination with an antifibrotic.

10 IFN-gamma for administration into the oral cavity can be formulated utilizing art-recognized techniques into pharmaceutically acceptable liquid carriers, for example, in the form of a syrup, a suspension, or a spray, or they can be formulated in combination with pharmaceutically acceptable solid carriers in the form of tablets, capsules, caplets, gel-seals, lozenges or sachets.

15 The IFN-gamma intended for buccal, sublingual, or pharyngeal administration in accordance with the present invention is administered to the patient in a dosage form adapted to promote contact of the administered interferon with the patient's oral and pharyngeal mucosa. Thus, the dosage form can be formulated as an IFN-gamma-containing solution, including a suspension, a spray, or syrup, to be 20 administered and used by the patient in a manner which promotes contact of the IFN-gamma component with the oral mucosal tissues, for example, by holding the interferon solution in the mouth for up to one or two minutes. Alternatively, the interferon can be administered by oral ingestion wherein the compounds are formulated into, for example, a syrup or a suspension to be swallowed by the patient 25 and not held in the mouth. Syrups for either use may be flavored or unflavored and may be formulated using a buffered aqueous solution of interferon as a base with added caloric or non-caloric sweeteners, flavor oils and pharmaceutically acceptable surfactant/dispersants. Other liquid dosage forms known in the art can be prepared and can be administered buccally, sublingually, pharyngeally, or by oral ingestion.

30 Alternatively, interferon may be administered into the stomach through a nasogastric

tube and for the purposes of this invention such a route of administration is defined as oral administration.

Preferably, the IFN-gamma for use in the present invention is formulated into a solid dosage form comprising the low dose of IFN-gamma in a saliva-soluble carrier, optionally with desirable excipients, such as buffers or tabletting aids. The solid dosage form is formulated to dissolve, when held in a patient's mouth, to form a saliva solution of the dose of IFN-gamma to promote contact of the interferon with the oral and pharyngeal mucosa.

Exemplary of saliva-soluble dosage forms are lozenges, tablets, caplets, capsules, gel-sols, sachets, and the like. In one embodiment, the solid dosage form is in the form of a lozenge adapted to be dissolved upon contact with saliva in the mouth, with or without assistance of chewing, to form a saliva solution of the interferon. Lozenge dosage forms of this invention can be prepared, for example, by art-recognized techniques for forming compressed tablets where the interferon is dispersed on a compressible solid carrier, optionally combined with any appropriate tabletting aids such as a lubricant (e.g., magnesium stearate) and compressed into tablets. The solid carrier component for such tabletting formulations can be a saliva-soluble solid, such as a cold-water-soluble starch or a monosaccharide or disaccharide, so that the lozenge will readily dissolve in the mouth to release the contained interferon in saliva solution for contact with and absorption by the oral/pharyngeal mucosa when the lozenge is held in the mouth. The pH of the above-described formulations can range from about 4 to about 8.5. Lozenges for use in accordance with the present invention can also be prepared utilizing other art-recognized solid unitary dosage formulation techniques.

25 Tablets for use in accordance with this invention can be prepared in a manner similar to that described for preparation of lozenges or by other art-recognized techniques for forming compressed tablets such as chewable vitamins. Suitable solid carrier components for tableting include mannitol, microcrystalline cellulose, carboxymethyl cellulose, and dibasic calcium phosphate.

30 Solid dosage forms for oral ingestion administration include such dosage forms as caplets, capsules, and gel-seals. Such solid dosage forms can be

prepared using standard tabletting protocols and excipients to provide interferon gamma-containing capsules, caplets, or gel-seals. Any of the solid dosage forms for use in accordance with the invention, including lozenges and tablets, may be in a form adapted for sustained release of the IFN-gamma.

5 Parenteral dosage forms of IFN-gamma in accordance with this
invention are typically in the form of a reconstitutable lyophilizate comprising the
dose of IFN-gamma. The lyophilizate can be rehydrated using sterile saline, or
another pharmaceutically-acceptable buffer optionally along with stabilizers known to
those skilled in the art, for injection immediately prior to administration. Such
10 parenteral administration may be intradermal, subcutaneous, intramuscular,
intraperitoneal, intranasal, intravenous, or topical. Intranasally administered IFN-
gamma may be administered in the form of, for example, a spray for inhalation of
dispersed liquid droplets or a powder administered by inhalation.

Any topical dosage forms known to those skilled in the art may be used. For example, topical dosage forms may comprise IFN-gamma, and as stabilizers a trihydric or higher polyhydric sugar alcohol, an organic acid buffer, and a conventional pharmaceutical carrier or diluent. Optionally, the composition may further contain as a stabilizer a material such as an anionic surfactant, albumin, and combinations thereof. Exemplary of a trihydric or higher polyhydric sugar alcohol are glycerin, erythritol, sorbitol, mannitol, and the like. Organic buffers include buffers such as citrate, succinate, tartrate, fumarate, and acetate buffers.

A “pharmaceutical acceptable carrier” for use in accordance with the invention is compatible with other reagents in the pharmaceutical composition and is not deleterious to the patient. The pharmaceutically acceptable carrier formulations for pharmaceutical compositions adapted for oral ingestion or buccal/sublingual administration including lozenges, tablets, capsules, caplets, gel-seals, and liquid dosage forms, including syrups, sprays, and other liquid dosage forms, have been described above. IFN-gamma can also be adapted for parenteral administration in accordance with this invention using a pharmaceutical acceptable carrier adapted for use in a liquid dose form. Such a liquid solution of IFN-gamma may be in the form of a clarified solution or a suspension. Exemplary of a buffered solution suitable as a

carrier of IFN-gamma administered parenterally in accordance with this invention is phosphate buffered saline prepared as follows:

A concentrated (20x) solution of phosphate buffered saline (PBS) is prepared by dissolving the following reagents in sufficient water to make 1,000 ml of

5 solution: sodium chloride, 160 grams; potassium chloride, 4.0 grams; sodium hydrogen phosphate, 23 grams; potassium dihydrogen phosphate, 4.0 grams; and optionally phenol red powder, 0.4 grams. The solution is sterilized by autoclaving at 15 pounds of pressure for 15 minutes and is then diluted with additional water to a single strength concentration prior to use.

10 The pharmaceutical formulations in accordance with this invention
may comprise about 10 to about 50,000 IU of IFN-gamma, more typically about 100
to about 10,000 IU of IFN-gamma in combination with a saliva-soluble carrier. The
dose can be formulated using standard pharmaceutical formulation techniques for oral
or parenteral administration with an acceptable carrier, alone or in combination with
15 effective amounts of other therapeutic agents including antimicrobials, antifungals,
antifibrotics, and chemotherapeutics known for use in cancer therapy and in treatment
of autoimmune diseases characterized by hyperactive or hypoactive immune system
dysfunction.

The daily doses of IFN-gamma for administration in accordance with
20 the method of this invention can be administered as single doses, or they can be
divided and administered as a multiple-dose daily regimen. Further, a staggered
regimen, for example, one to three days' buccal/sublingual interferon treatments per
week, can be used as an alternative to daily treatment, and for the purpose of defining
this invention such intermittent or staggered daily regimen is considered to be
25 equivalent to everyday treatment and within the scope of this invention. The IFN-
gamma is administered in low doses one to three times per day until the symptoms of
the IFN-sensitive disease have subsided. Typical periods for treatment vary
significantly dependent on patient condition and the nature of the disease state. Also,
30 effects similar to those produced by a given daily dosage administered for a given
number of days can be achieved by administering lower dosages for a greater number
of days, or a higher dosage for a smaller number of days.

EXAMPLE 1EFFECT OF ORALLY ADMINISTERED IFN- α AND SYSTEMICALLY
ADMINISTERED IFN- γ ON NEUTROPHIL ACTIVATION

5

Methods

To form an air pouch the dorsal region of each mouse was shaved and wiped with alcohol. Sterile air (2.5 ml) was injected subcutaneously along the midline through a 0.2 μ m syringe filter and a 30 gauge needle. As air was injected fingers were used to maintain symmetry and proper positioning of the air pouch.

Three days later another 2.5 ml of sterile air was injected to further develop the pouch. After another three days, the proinflammatory agent was injected into the pouch.

The pro-inflammatory agent, IL-1 beta, was mixed with a 0.5% carboxymethylcellulose (CMC) solution in sterile PBS at a concentration of 40 ng/ml.

15 IL-1 and 0.5 ml of a 40 ng/ml solution was injected into the air space of the pouch (30 gauge needle), and the pouch was gently massaged so that all areas of the pouch came into contact with the solution.

After 5 hours and 15 minutes, to collect neutrophils from the pouch, 2 ml of a washing solution (EDTA and heparin in PBS) was injected (18 gauge needle) into the air pouch, and the cellular contents of the pouch were removed. The pouch was washed thoroughly, and the fluid was collected using the same syringe. The samples were then centrifuged at 220 x g for 15 minutes. Cells were resuspended with 2 ml of an EDTA-heparin solution in PBS and stained with Turks solution (10:1). Neutrophils were counted using a hemocytometer.

25 The interferons were diluted each day into 1x PBS and were administered orally by injecting 50 μ l of an interferon solution into the mouth of each mouse using a plastic catheter attached to a 1cc syringe. The interferons were injected once per day for three days (oral or I.P. administration). There were three mice per treatment group.

30 The data show the number of neutrophils per ml of fluid collected from each pouch. Dividing by the volume collected from each pouch slightly decreases the error but does not change any patterns. The percent difference is the percent decrease

in polymorphonuclear leukocytes (PMN's) collected from pouches of mice treated with interferon relative to the untreated controls.

	<u>Treatment groups</u>	<u>PMNs x 10⁶/ml</u>	<u>% Difference</u>
5	IFN-alpha 1 IU orally 1x daily for 3 days	56	-44%
	IFN-alpha 10 IU orally 1x daily for 3 days	82	-18%

Controls

PBS orally 1x daily for 3 days or I.P. as below	100	
10 PBS orally 1x daily for 3 days, but no IL-1 injected	16	-84%
IFN-gamma 2x10 ⁵ IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation	63	-37%

Conclusions

The results of this assay effectively demonstrate IL-1 induced acute inflammation. Significantly fewer neutrophils migrated into the air pouch where the mice were injected with CMC alone (as compared to mice injected with IL-1 and CMC). IFN-gamma injected I.P. (2 x 10⁵ IU) reduced acute inflammation. This treatment can be used as a positive control in future experiments to ensure the validity of the assay. IFN-alpha administered orally (1-10 IU) also reduced acute inflammation.

EXAMPLE 2

EFFECT OF ORALLY ADMINISTERED IFN- α OR IFN- γ ON NEUTROPHIL ACTIVATION

The protocols were similar to those described above for Example 1 except that a wider range of oral IFN-alpha doses were tested and a group of mice was treated with low doses of IFN-gamma administered orally. In addition, the mice were treated orally with the interferons three times daily rather than once daily, and

neutrophils were collected four hours and 20 minutes after injections. There were eight mice in each group.

A Gilson pipettor was used to orally administer the interferon by pipetting 10 μ l of IFN under the tongue; the small volume administered by pipetting

5 was accurate and the solution was found to remain in the mouth.

	<u>Treatment groups</u>	<u>PMNs x 10⁴/ml</u>	<u>% Difference</u>
	IFN- α 0.1 IU administered orally 3x daily for 3 days	41	+24%
10	IFN- α 1 IU administered orally 3x daily for 3 days	36	+9%
	IFN- α 10 IU administered orally 3x daily for 3 days	32	-3%
15	IFN- α 100 IU administered orally 3x daily for 3 days	35	+6%
	IFN- γ 10 IU administered orally 3x daily for 3 days	20	-39%* P=0.04
20	IFN- γ 10 IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation	23	-30%
	<u>Controls</u>		
	PBS orally as above or I.P. as above.	33	
	PBS orally as above, but no IL-1 injected	14	-58%*
	2x10 ⁵ IFN-g I.P. as above.	20	-39%* P=0.03
25	<u>Conclusions</u>		

Low-dose oral IFN-alpha given three times per day for three days at several concentrations did not reduce IL-1 induced neutrophil migration in this assay.

However, low-dose (10 IU three times/day for three days) oral IFN-gamma

30 significantly reduced neutrophil migration (39% reduction) and may be effective in reducing the severity of inflammation.

EXAMPLE 3

EFFECT OF THE CARRIER ON IFN- γ -INDUCED INHIBITION OF NEUTROPHIL RECRUITMENT

The protocols were similar to those described in Example 2 except that mice were treated with a range of IFN- γ doses administered orally. There were 5

40 mice per treatment group. The purpose of this study was to determine if adding a

carrier protein to the IFN-gamma solutions was associated with reduced inflammation. Groups of mice treated with two different doses of IFN-gamma administered orally and a group treated with IFN-gamma injected I.P. were included. The vehicle used was 5% maltose and 0.1% bovine albumin in PBS.

5

<u>Treatment groups</u>	<u>PMNs x 10⁶/ml</u>	<u>% Difference</u>
IFN- γ 10 IU 3x daily orally for 3 days	95	-20%* P=0.035
IFN- γ 100 IU 1x daily orally for 3 days	82	-31%* P=0.016
IFN- γ 1x10 ⁴ IU I.P. 1x daily 2 days, 1 day,	52	-56%* P=0.0002

10 and 1 hour before inflammation

Controls

Vehicle alone orally 3x daily for 3 days	119
--	-----

15 Conclusions

In support of the findings of Experiment 2, 10 IU IFN-gamma administered orally three times per day for three days prior to inflammation significantly reduced neutrophil accumulation (20% reduction). The effect was even greater (31% reduction) with 100 IU of IFN-gamma administered orally three times per day for three days. Acute inflammation was also diminished (56% reduction) in the group treated systemically by injection of 1 x 10⁴ IU of IFN-gamma. Either the combination of maltose and albumin, or PBS, appear to protect the IFN-gamma equally well.

25

EXAMPLE 4

EFFECT OF HIGHER DOSES OF ORALLY ADMINISTERED IFN- γ ON
NEUTROPHIL ACTIVATION

30

The protocols were similar to those described in Example 2 except that the interferon treatment time was increased to six days, and interferon dilutions were made immediately before administration. A group of mice treated with 1000 IU of

interferon was also included and nine-day-old pouches were inflamed instead of six-day-old pouches. There were ten mice per treatment group.

	<u>Treatment groups</u>	<u>PMNs x 10⁶/ml</u>	<u>% Difference</u>
5	IFN-γ 10 IU orally 3x daily for 6 days	133	0%
	IFN-γ 100 IU orally 3x daily for 6 days	99	-26%
	IFN-γ 1000 IU orally 3x daily for 6 days	91	-31%* P=0.043
10	<u>Controls</u>		
	Vehicle 3x orally daily for 6 days	133	
	Vehicle 3x daily for 6 days, but no IL-1 injected	33	-75%
	IFN-γ 2x10 ⁴ IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation (N=5)	124	-7%
15		84	-37%* P=0.021
	<u>Conclusions</u>		
20	IFN-gamma 1000 IU administered orally three times per day for six days prior to inflammation significantly reduced neutrophil accumulation (31% reduction). An effect was also seen with 100 IU of oral IFN-gamma (26% reduction).		
	I.P. injections with 2 x 10 ⁴ IU of IFN-gamma caused a significant reduction in neutrophil migration (37% reduction). Low doses of IFN-gamma administered orally were again effective in reducing accumulation of neutrophils at the site of acute inflammation. Thus, orally administered low-dose IFN-gamma and low-dose parenterally administered IFN-γ decrease the severity of acute inflammation as		
	25 demonstrated by the murine air pouch model.		

EXAMPLE 5

30 EFFECT OF ORALLY ADMINISTERED IFN-γ ON THE ACUTE AND QUIESCENT PHASES OF MURINE *Mycobacterium tuberculosis* INFECTION

A total of 360 female C57B46 mice susceptible to the Erdman strain of human *Mycobacterium tuberculosis* were used in a study to determine the biologic activity of human lymphoblastoid interferon alpha and gamma (HBL IFN α and IFN γ) administered by the oral mucosal route for the treatment of experimentally induced

5 tuberculosis (TB) infection in mice.

Acute Phase:

10 Animals - 180 mice Inoculation - study day 0

Therapy -- study days -7 to +7, every other day (8 doses)

Treatment groups -- IFN α and IFN γ , 90 mice each

Dosage Groups -0, 0.001, 0.01, 0.1, 1.0 and 10.0 IU, 15 mice each

Sample--study days 10, 20, and 30, 5 mice from each dosage group

15 Quiescent Phase:

Animals - 180 mice Inoculation - study day 0

Therapy -- study days 60 to 88, every other day (14 doses)

Treatment groups -- IFN α and IFN γ , 90 mice each

Dosage Groups -0, 0.001, 0.01, 0.1, 1.0 and 10.0 IU, 15 mice each

Sample--study days 80, 100, and 120, 5 mice from each dosage group

20 Evaluations: The following endpoints will be used for efficacy.

CFU per gram of lung and spleen tissue were assayed. Analysis of variance for appropriate comparisons were performed on the CFU of each treatment group. The model system does not normally produce mortality in the mice; therefore, any premature deaths were recorded. A Chi-square test was used to identify statistical differences in mortality rates between appropriate groups.

25 Results of studies using IFN γ during the acute phase of the infection produced interesting results. At the 30-day sampling, the three highest doses of IFN γ (8 doses of 0.1, 1.0 and 10.0 IU every other day starting at study day -7), had significantly fewer ($p=0.01$) CFU than the control group.

What is claimed is:

1. A method for reducing acute inflammation in a warm-blooded vertebrate suffering from such inflammation, said method comprising the steps of
5 administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and reducing said acute inflammation.

2. The method of claim 1 wherein the IFN-gamma is administered buccally or sublingually in a solution or in a solid saliva-soluble dosage form.
10 3. The method of claim 1 wherein the vertebrate is a human patient suffering from an inflammation induced by radiation of the lungs, brain or kidney during radiation therapy for tumors.

4. The method of claim 1 wherein the acute inflammation is the result of reperfusion injury incident to stroke or coronary artery blockage.
15 5. The method of claim 1 wherein the warm-blooded vertebrate is a human patient suffering from a traumatic injury to the brain or spinal cord.

6. The method of claim 1 wherein the acute inflammation is the result of traumatic burns in a human patient.
20 7. The method of claim 1 wherein the acute inflammation is asthma.

8. The method of claim 1 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.
25 9. The method of claim 1 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

10. A method for treating or preventing IFN-gamma sensitive disease states selected from the group consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer and fibrosis in a human patient suffering from such disease, said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate, and treating or preventing said disease states.
30 11. The method of claim 10 wherein the disease state is selected from the group consisting of chronic granulomatosis disease and osteopetrosis.

12. The method of claim 10 wherein the disease state is fibrosis of any organ.

13. The method of claim 10 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

5 14. The method of claim 10 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

15. A method for treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases comprising the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of
10 IFN-gamma/kg of body weight of said vertebrate and treating or preventing said bacterial or fungal disease.

16. The method of claim 15 wherein the IFN-gamma is administered into the oral cavity.

15 17. The method of claim 16 wherein the IFN-gamma is administered sublingually or buccally.

18. The method of claim 15 wherein the IFN-gamma is administered in a liquid dosage form.

19. The method of claim 15 wherein the IFN-gamma is administered in a solid dosage form.

20 20. The method of claim 19 wherein the solid dosage form is saliva-soluble and prepared for dissolution in saliva in the mouth.

21. The method of claim 15 wherein the interferon-gamma is administered at about 0.1 to about 5000 IU of interferon-gamma/kg of body weight of said vertebrate.

25 22. The method of claim 15 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

23. The method of claim 15 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

24. A pharmaceutical formulation for treatment of a disease selected from
30 the group consisting of acute inflammation, monocyte, neutrophil, or B cell dysfunction, cancer, bacterial and fungal diseases, and fibrosis, said formulation

comprising in unit dosage form about 10 to about 50,000 IU of human IFN-gamma and a pharmaceutically acceptable carrier therefor.

25. The pharmaceutical formulation of claim 24 in liquid form.
26. The pharmaceutical formulation of claim 24 in solid form.
- 5 27. The pharmaceutical formulation of claim 24 wherein the pharmaceutical acceptable carrier comprises a saliva-soluble solid and the formulation is in lozenge dosage form.
28. A pharmaceutical formulation for treatment of a disease selected from the group consisting of acute inflammation, monocyte, neutrophil, or B cell 10 dysfunction, cancer, bacterial and fungal diseases, and fibrosis, said formulation comprising in unit dosage form about 10 to about 50,000 IU of human IFN-gamma, a therapeutic agent selected from the group consisting of an antibiotic, an antifungal, an antifibrotic, and a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune 15 system dysfunction, and a pharmaceutically acceptable carrier therefor.
29. A method of activating the B-cell population of a patient suffering from a disease state characterized by attenuated B-cell function said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and activating at 20 least a portion of said B-cell population.
30. The method of claim 29 wherein the IFN-gamma is administered into the oral cavity.
31. The method of claim 30 wherein the IFN-gamma is administered sublingually or buccally.
- 25 32. The method of claim 29 wherein the IFN-gamma is administered in a liquid dosage form.
33. The method of claim 29 wherein the IFN-gamma is administered in a solid dosage form.
34. The method of claim 33 wherein the solid dosage form is saliva- 30 soluble and is in lozenge dosage form.

35. The method of claim 29 wherein the interferon-gamma is administered at about 0.1 to about 5000 IU of interferon-gamma/kg of body weight of said vertebrate.

36. The method of claim 29 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

37. The method of claim 29 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

38. A method for treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases, the method comprising the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antibiotic and an antifungal, and treating or preventing said bacterial or fungal disease.

40. A method for treating or preventing IFN-gamma sensitive disease states selected from the group consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer and fibrosis in a human patient suffering from such disease, said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antifibrotic and a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction, and treating or preventing said disease states.

Abstract of the Disclosure

The use of low doses of IFN-gamma in the treatment of interferon-sensitive diseases is described. The IFN-gamma can be administered orally, 5 preferably buccally or sublingually, or parenterally in low doses to activate monocyte, neutrophil, or B cell function, to decrease acute inflammation, or to treat cancer, bacterial or fungal diseases, or fibrosis in a patient suffering from such disease states. Pharmaceutical formulations containing low doses of IFN-gamma in combination with a pharmaceutical acceptable carrier and suitable for oral administration are also 10 described.

INDS02 SRL 339633v1

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EXPRESS MAIL NO. EL 504 447 605 US

PART 1 OF 2

Attorney Docket No: 5523-37250

DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION

As a below-named inventor, I hereby declare that I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*# if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought in the application entitled:

Low Dose IFN-Gamma Compositions And Their Use For Treatment Of Interferon-Sensitive Diseases, U.S.

specification of which

(check one)

is attached hereto

was filed on _____

as

United States Application Serial No. _____

or

PCT International Application No. _____

and was amended on _____

(if applicable)

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate on which priority is claimed (as listed below) and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)		Priority Claimed		
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
I hereby claim benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.				
60/156,480	28 September 1993		Filing Date	
Application Number				
Application Number	Filing Date			

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned
Application Serial No.	Filing Date	Status-patented, pending, abandoned

I hereby appoint William R. Coffey, Reg. No. 24033; Arland T. Stein, Reg. No. 25062; Nancy J. Harrison, Reg. No. 27083; Richard D. Conrad, Reg. No. 27321; Dilip A. Kulkarni, Reg. No. 27110; Steven R. Lammert, Reg. No. 27633; Richard A. Resek, Reg. No. 30796; David B. Quack, Reg. No. 31993; Paul B. Hunt, Reg. No. 37154; Sue Corbett Webster, Reg. No. 38820; Jill T. Pawlick, Reg. No. 42086; William B. Richards, Reg. No. 44301; Jay S. Paramje, Reg. No. 45416; James K. Sweeney II, Reg. No. 45670; Dustin S. DuBois, Reg. No. 46233; Christopher E. Leigh, Reg. No. 46377; Rebecca Ball, Reg. No. 46535; Perry Palen, Reg. No. 26213; Mark M. Newman, Reg. No. 31472; David E. Herzon, Reg. No. 46467; Bobby G. Gilliamster, Reg. No. 31105; Gregory S. Cooper, Reg. No. 40955; Scott M. Lohnes, Reg. No. 45451; Thomas J. Donovan, Reg. No. 33231; Alice O. Martin,

Reg. No. 35501; Grant H. Peters, Reg. No. 35977; Mark A. Hamill, Reg. No. 37145; Michael B. Allen, Reg. No. 37582; and Mark D. Maleney, Reg. No. 43771, as attorneys of record with full power of substitution and revocation, to prosecute this application, and to transfer all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

BARNES & THORNBURG
11 South Meridian Street
Indianapolis, Indiana 46204
Telephone (317) 236-1313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1901 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Joseph M. Cummings

Full Name of Sole or First Joint Inventor

Joseph M. Cummings

Inventor's Signature

124 Crockett Street

Amarillo, Texas 79102

Residence and Post Office Address

Edward P. Amato

Full Name of Second Joint Inventor

Edward P. Amato

1030 Wurridge Drive

Formula Valley, California 94028

Residence and Post Office Address

Full Name of Third Joint Inventor

U.S.

Country of Citizenship

September 28, 2000

Date

Residence and Post Office Address

U.S.

Country of Citizenship

Edward P. Amato

Inventor's Signature

Country of Citizenship

Date

Residence and Post Office Address

Country of Citizenship

Edward P. Amato

Inventor's Signature

Date

Residence and Post Office Address

INVENTOR'S SIGNATURE

09/25/00 MON 18:34 FAX 317 231 7433

Barnes & Thornburg

2027

Express Mail NO. EL 504 447 605 US

PART 2 OF 2

Attorney Docket No.: 5523-37240

DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION

As a below named inventor, I hereby declare that I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought in the application entitled:

Low-Dose IFN-Gamma Compositions And Their Use For Treatment Of Interferon-Sensitive Diseases, the

specification of which

(check one)

is attached hereto

was filed on _____

as

United States Application Serial No. _____

or

PCT International Application No. _____

and was amended on _____

(if applicable)

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(e)-(d) of any foreign application(s) for patent or inventor's certificate on which priority is claimed (as listed below) and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

60/156,480
Application Number

28 September 1999
Filing Date

Application Number

Filing Date

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status-patented, pending, abandoned

Application Serial No.

Filing Date

Status-patented, pending, abandoned

I hereby appoint William R. Coffey, Reg. No. 24023; Arlend T. Stein, Reg. No. 25062; Nancy J. Harrison, Reg. No. 27083; Richard D. Conrad, Reg. No. 27321; Dilip A. Kulkarni, Reg. No. 27510; Steven R. Lamment, Reg. No. 27653; Richard A. Rezek, Reg. No. 30796; David B. Quick, Reg. No. 31993; Paul B. Hunt, Reg. No. 37154; Sue Corbett Watson, Reg. No. 38850; Jill T. Powick, Reg. No. 42088; William B. Richards, Reg. No. 44301; Jay S. Paranjape, Reg. No. 45486; William R. Swezey II, Reg. No. 45570; Dustin S. DuBois, Reg. No. 46233; Christopher E. Haigh, Reg. No. 46377; Rebecca Ball, Reg. No. 46535; Perry Palan, Reg. No. 26213; Mark M. Newman, Reg. No. 31472; David B. Herron, Reg. No. 46467; Bobby B. Gillenwater, Reg. No. 31105;

Attn: C. Martin

09/25/00 MON 18:34 FAX 317 231 7433

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0028

Reg. No. 35601; Grant H. Peters, Reg. No. 35977; Mark A. Hamill, Reg. No. 37145; Michael B. Allen, Reg. No. 37582; and Mark D. Maloney, Reg. No. 43771, as attorneys of record with full power of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

BARNES & THORNBURG
11 South Meridian Street
Indianapolis, Indiana 46204
Telephone (317) 236-1313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Joseph M. Cummings

Full Name of Sole or First Joint Inventor

U.S.

Country of Citizenship

Inventor's Signature

Date

1514 Crockett Street

Amarillo, Texas 79102

Residence and Post Office Address

Edward P. Amencio

Full Name of Second Joint Inventor

Signature

U.S.

Country of Citizenship

1030 Westridge Drive

Sept. 27, 2000

Date

Portola Valley, California 94028

Residence and Post Office Address

Full Name of Third Joint Inventor

Country of Citizenship

Inventor's Signature

Date

Residence and Post Office Address

Full Name of Fourth Joint Inventor

Country of Citizenship

Inventor's Signature

Date

Residence and Post Office Address

09-29-00

A



**UTILITY PATENT APPLICATION TRANSMITTAL
(Large Entity)**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.
5523-67250

Total Pages in this Submission
27

TO THE ASSISTANT COMMISSIONER FOR PATENTS

Box Patent Application
Washington, D.C. 20231

Transmitted herewith for filing under 35 U.S.C. 111(a) and 37 C.F.R. 1.53(b) is a new utility patent application for an invention entitled:

**LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE FOR TREATMENT OF
INTERFERON-SENSITIVE DISEASES**



and invented by:

Joseph M. Cummins and Edward P. Amento

If a **CONTINUATION APPLICATION**, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Which is a:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Which is a:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Enclosed are:

Application Elements

Filing fee as calculated and transmitted as described below

Specification having 23 pages and including the following:

- a. Descriptive Title of the Invention
- b. Cross References to Related Applications (*if applicable*)
- c. Statement Regarding Federally-sponsored Research/Development (*if applicable*)
- d. Reference to Microfiche Appendix (*if applicable*)
- e. Background of the Invention
- f. Brief Summary of the Invention
- g. Brief Description of the Drawings (*if drawings filed*)
- h. Detailed Description
- i. Claim(s) as Classified Below
- j. Abstract of the Disclosure

UTILITY PATENT APPLICATION TRANSMITTAL
(Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.
5523-67250

Total Pages in this Submission
27

Application Elements (Continued)

3. Drawing(s) (when necessary as prescribed by 35 USC 113)
a. Formal Number of Sheets _____
b. Informal Number of Sheets _____

4. Oath or Declaration
a. Newly executed (original or copy) Unexecuted
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional application only)
c. With Power of Attorney Without Power of Attorney
d. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application,
see 37 C.F.R. 1.63(d)(2) and 1.33(b).

5. Incorporation By Reference (usable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. Computer Program in Microfiche (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all must be included)
a. Paper Copy
b. Computer Readable Copy (identical to computer copy)
c. Statement Verifying Identical Paper and Computer Readable Copy

Accompanying Application Parts

8. Assignment Papers (cover sheet & document(s))

9. 37 CFR 3.73(B) Statement (when there is an assignee)

10. English Translation Document (if applicable)

11. Information Disclosure Statement/PTO-1449 Copies of IDS Citations

12. Preliminary Amendment

13. Acknowledgment postcard

14. Certificate of Mailing

First Class Express Mail (Specify Label No.): EL 504 447 605 US

UTILITY PATENT APPLICATION TRANSMITTAL
(Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

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 5523-67250

Total Pages in this Submission
 27

Accompanying Application Parts (Continued)

15. Certified Copy of Priority Document(s) (*if foreign priority is claimed*)

16. Additional Enclosures (*please identify below:*)

Fee Calculation and Transmittal

CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	40	- 20 =	20	x \$18.00	\$360.00
Indep. Claims	7	- 3 =	4	x \$78.00	\$312.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				\$0.00
				BASIC FEE	\$690.00
OTHER FEE (specify purpose)					\$0.00
				TOTAL FILING FEE	\$1,362.00

A check in the amount of \$1,362.00 to cover the filing fee is enclosed.
 The Commissioner is hereby authorized to charge and credit Deposit Account No. 10-0435 as described below. A duplicate copy of this sheet is enclosed.

- Charge the amount of _____ as filing fee.
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Rebecca L. Ball
Signature

Rebecca L. Ball
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PATENT APPLICATION
of

JOSEPH M. CUMMINS

EDWARD P. AMENTO

for

LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE
FOR TREATMENT OF INTERFERON-SENSITIVE DISEASES

Attorney Docket 5523-67250

Attorneys:

Steven R. Lammert
Rebecca L. Ball
Barnes & Thornburg
11 South Meridian St.
Indianapolis, Indiana 46204

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**LOW DOSE IFN-GAMMA COMPOSITIONS AND THEIR USE
FOR TREATMENT OF INTERFERON-SENSITIVE DISEASES**

Cross Reference to Related Applications

5 This application claims priority under 35 U.S.C. § 119(e) to U.S. Provisional Application No. 60/156,480, filed September 28, 1999 which is expressly incorporated by reference herein.

Field of the Invention

10 The present invention relates to a composition and method for treatment of patients afflicted with IFN-gamma susceptible diseases. More particularly, this invention is directed to a low dose IFN-gamma pharmaceutical formulation and a method for using IFN-gamma for treatment of disease states selected from acute inflammation, monocyte and neutrophil dysfunction, attenuated B cell function, cancer, bacterial or fungal diseases, and fibrosis.

Background and Summary of the Invention

The prior art is replete with references to the use of interferons in the treatment of interferon-sensitive diseases. IFN-gamma is a commercially available pharmaceutical with but few FDA approved clinical indications. Treatment with gamma IFN is typically effected by administering doses of IFN-gamma ranging from about 10^4 to 3×10^6 IU of IFN-gamma/kg of patient body weight, typically administered via subcutaneous or intramuscular injection. While the oral ingestion and oral mucosal (sublingual or buccal) administration of low doses of alpha and beta interferon have been described in the art, there has been no description of the administration of very low doses of the notably acid-labile IFN-gamma compounds into the mouth for treatment of acute inflammation, for activation of monocyte, neutrophil and B-cell function, or for treatment of bacterial or fungal diseases as is described and claimed in accordance with the present invention. Nor is there any description of the oral administration of such low doses of gamma interferon for oncolytic or antifibrotic applications.

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There still exists a significant need to optimize the efficiency of IFN-gamma administration and to continue diligent research and development work directed to discovery of new interferon administration protocols capable of eliciting heretofore unrecognized disease resisting immune responses.

The present invention is based in part on the discovery that IFN-gamma when administered into the oral cavity inhibits the egress of neutrophils from capillaries into an extra-vascular fluid space. The discovery was made during a study conducted in a model of acute inflammation in which a cavity is formed in subcutaneous tissue of mice by the repeated injection of air. A pro-inflammatory agent (IL-1 mixed in carboxymethylcellulose (CMC)) is used to induce the acute influx of neutrophils into the blind cavity. Surprisingly, the study revealed that IFN-gamma administered to the oral cavity in low doses (10 IU per day for three days) to mice markedly inhibited neutrophil accumulation to a level equivalent to that obtained by administering 200,000 IU per day of IFN-gamma parenterally for three days. This observation is also predictive of the capacity of oral IFN-gamma to influence monocyte function. Neutrophils and monocytes are derived from a common precursor cell and many of the effects of IFN-gamma on neutrophils are also shared with monocytes. Thus, in accordance with another aspect of this invention low doses of IFN-gamma are administered into the oral cavity in an amount effective to enhance monocyte function and thereby benefit the treatment of infectious agents that reside primarily in monocytes, for example, tuberculosis and leprosy, and in treatment of chronic granulomatosis disease (CGD).

"Interferon" is a term generically encompassing a group of vertebrate glycoproteins and proteins which are known to have antiviral, antiproliferative and immunomodulatory activity. In the early years of interferon research, an international committee that was assembled to devise a system for orderly nomenclature of interferons defined "interferon" as follows: "To qualify as an interferon a factor must be a protein which exerts virus non-specific, antiviral activity at least in homologous cells through cellular metabolic process involving synthesis of both RNA and protein." Journal of Interferon Research, 1, pp. vi (1980). "Interferon" as used herein in describing the present invention shall be deemed to have that definition and shall

contemplate such proteins, including glycoproteins, regardless of their source or method of preparation or isolation.

Interferons have generally been named in terms of the species of animal cells producing the substance, the type of cell involved (e.g.,

5 leukocyte/lymphoblastoid or fibroblast) and, occasionally, the type of inducing material responsible for interferon production. The designations alpha (α), beta (β) and gamma (γ) have been used to correspond to the previous designations of leukocyte, fibroblast, and immune interferons, respectively. Alpha and beta interferons are usually acid-stable and correspond to what have been called Type I
10 interferons; gamma interferons are usually acid-labile and correspond to what have been called Type II interferons. More recently, interferon tau has been described as an interferon-alpha related Type I interferon produced by bovine and ovine trophoblasts.

Interferon of human and murine origin is quantified in the art in terms
15 of International Units (IU). Interferons of other than human or murine origin can be used in accordance with this invention, and interferons isolated from native interferon-producing cell populations or from recombinant organisms can be used. In that presently accepted practices may not extend the use of "International Units" to quantify non-human and non-murine interferons, it shall be understood that
20 administration of amounts of non-human/non-murine interferons having the same efficacy as the quantities (IU's) of human interferon specified in this description are within the scope of the present invention.

One embodiment of the present invention is directed to a method for reducing acute inflammation in a warm-blooded vertebrate suffering from such
25 inflammation. The method comprises the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and reducing said acute inflammation. The method comprises a step of administering a low dose (relative to art-recognized clinically acceptable parenteral doses of IFN-gamma) into the oral cavity of the vertebrate or parenterally. The orally
30 administered IFN-gamma can be administered buccally, sublingually, pharyngeally, or by oral ingestion in solution or in a saliva-soluble dosage form. Acute inflammatory disease of the sort mediated by neutrophil ingress includes, but is not

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limited to, asthma or inflammation induced by radiation therapy for tumors in the lungs, brain or kidney, by reperfusion injury incident to stroke or coronary artery blockage, by traumatic injury to the brain or spinal cord, or by traumatic burns. It has also been found that intraperitoneal injection of low doses of IFN-gamma is

5 significantly effective in treatment of acute inflammatory disease. Doses of IFN-gamma suitable for use in accordance with the present invention are those doses ranging from about 0.1 to about 10,000 IU of IFN-gamma/kilogram of body weight, and, more preferably, from about 1 to about 500 IU of IFN-gamma/kilogram of body weight, or about 1 to about 100 IU of IFN-gamma/kilogram of body weight.

10 In another embodiment of the invention a method is provided for
treating or preventing IFN-gamma sensitive disease states selected from the group
consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer
and fibrosis in a human patient suffering from such disease. The method comprises
the steps of administering orally or parenterally to said patient about 0.1 to about

15 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and treating or preventing said disease states. An antifibrotic or a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction may be used in combination with IFN-gamma in accordance with the present invention.

20 In another method embodiment of the present invention, IFN-gamma sensitive diseases, for example, chronic granulomatosis disease and osteopetrosis are treated by administering orally or parenterally about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of the vertebrate.

In yet another embodiment of the invention a method is provided for
25 treating or preventing bacterial or fungal disease in a warm-blooded vertebrate
susceptible to said diseases. The method comprises the steps of administering orally
or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of
body weight of said vertebrate and treating or preventing said bacterial or fungal
disease.

30 In still another embodiment of the invention a method is provided for
treating or preventing bacterial or fungal disease in a warm-blooded vertebrate
susceptible to said diseases. The method comprises the steps of administering orally

or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antibiotic and an antifungal, and treating or preventing said bacterial or fungal disease.

5 The experimental data produced in the research work supporting the present invention also suggests that low doses of IFN-gamma activate B-cell populations. Accordingly, another aspect of this invention is a method of activating the B-cell population of a patient suffering from a disease state characterized by attenuated B-cell function. The method comprises the steps of administering orally or
10 parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and activating at least a portion of said B-cell population.

In still one other embodiment of the invention there is provided a pharmaceutical formulation for treatment of a disease selected from the group consisting of acute inflammation, monocyte, neutrophil, or B cell dysfunction, cancer, bacterial and fungal diseases, and fibrosis. The formulation comprising in unit dosage from about 10 to about 50,000 IU of human IFN-gamma and a pharmaceutically acceptable carrier therefor. The formulation can be in a liquid or solid form, and it is preferably formulated for administration to the oral cavity as a saliva-soluble solid. Optionally, the formulation can be in a lozenge dosage form for administration to a patient by holding the lozenge dosage form in the mouth to form a saliva solution of IFN-gamma in contact with the oral and pharyngeal mucosa. In combination with IFN-gamma, the formulations of the present invention may also comprise a therapeutic agent selected from the group consisting of an antibiotic, an antifungal, an antifibrotic, and a chemotherapeutic agent known for use in cancer therapy or for
20 treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction.

In other embodiments of the present invention IFN-gamma is administered to treat IFN-susceptible disease states in a human or other animal by its oral administration or parenteral administration at a dose of about 0.1 to about 5000
30 IU/kg, about 1 to about 1000 IU/kg, about 1 to about 500 IU/kg, about 1 to about 100 IU/kg, or about 0.1 to about 3 IU/kg of patient body weight.

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Detailed Description of the Invention

The present invention is directed particularly to low dose IFN-gamma compositions and their use in methods for treatment of warm-blooded vertebrates with interferon-sensitive diseases. The present invention enables use of low doses of

5 IFN-gamma of about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of the patient undergoing treatment. More preferably, in other embodiments of the invention the patient is treated with IFN-gamma at concentrations of about 0.1 to about 5000 IU/kg, about 1 to about 1000 IU/kg, about 1 to about 500 IU/kg, about 1 to about 100 IU/kg, or about 0.1 to about 3 IU/kg of patient body weight. The
10 effective dose of the IFN-gamma can vary from species to species, and can depend on the condition of the animal being treated. The IFN-gamma may be administered into the oral cavity, most preferably sublingually or buccally, or may be administered parenterally. The interferon may also be administered by oral ingestion, intranasally, for example by inhalation of a powder or dispersed liquid droplets, or topically and
15 may be administered in a pharmaceutically acceptable solid, liquid, or saliva-soluble dosage form (e.g., a lozenge).

The method of the present invention can be used for treatment of any warm-blooded vertebrate animal and is applicable to human clinical medicine and, potentially, to the treatment of agricultural animals, domestic animals, laboratory animals, or wild animals in captivity. Thus, the present invention has human clinical and veterinary applications among other applications. The present invention can be applied to warm-blooded vertebrate animals including, but not limited to, humans, laboratory animals such rodents (e.g., mice, rats, hamsters, etc.), rabbits, monkeys, chimpanzees, domestic animals such as dogs, cats, and rabbits, agricultural animals such as cows, horses, swine, sheep, goats, and poultry, and wild animals in captivity such as birds, bears, pandas, lions, tigers, leopards, elephants, zebras, giraffes, gorillas, bison, deer, antelope, marmosets, dolphins, whales, and any endangered animal.

The invention is applicable to such disease states as acute inflammation, 30 monocyte and neutrophil dysfunction, attenuated B cell function, cancer, bacterial or fungal diseases, and fibrosis. The invention can be used to potentiate the immune response to cancers that are tumorigenic, including benign tumors and malignant

tumors, or cancers that are non-tumorigenic. Such cancers may arise spontaneously or by such processes as mutations present in the germline of the host animal or somatic mutations, or may be chemically-, virally-, or radiation-induced. The invention can be utilized to enhance the immune response to such cancers as

5 carcinomas, sarcomas, lymphomas, Hodgkin's disease, melanomas, mesotheliomas, Burkitt's lymphoma, nasopharyngeal carcinomas, leukemias, myelomas, and other neoplastic diseases. The cancer cell population can include, but is not limited to, oral, thyroid, endocrine, skin, gastric, esophageal, laryngeal, pancreatic, colon, bladder, bone, ovarian, cervical, uterine, breast, testicular, prostate, rectal, kidney, liver, and 10 lung cancers.

The low doses of interferon-gamma for use in accordance with the present invention can also be used to potentiate the immune response to exogenous pathogens or to a cell population harboring an endogenous pathogen, e.g., monocytes harboring tuberculosis or leprosy bacteria. The present invention is applicable to such 15 exogenous pathogens as bacteria and fungi. Bacteria that may be treated with the present invention are any art-recognized bacteria that cause pathogenesis in warm-blooded vertebrate animals, including such organisms as bacteria that are gram-negative or gram-positive cocci or bacilli. Of particular interest are bacteria that are resistant to antibiotics such as antibiotic-resistant *Streptococcus* species and

20 *Staphylococcus* species, or bacteria that are susceptible to antibiotics, but cause recurrent infections treated with antibiotics so that resistant organisms eventually develop. Such organisms can be treated with the low doses of IFN-gamma of the present invention in combination with lower doses of antibiotics than would normally be administered to warm-blooded vertebrates to avoid the development of these 25 antibiotic-resistant bacterial strains.

The present invention is also applicable for use in enhancing the immune response to any fungi or mycoplasma species or other microorganisms that cause disease in warm-blooded vertebrate animals. Examples of fungi that may be treated with the method of the present invention include fungi that grow as molds or 30 are yeastlike, including, for example, fungi that cause diseases such as ringworm,

histoplasmosis, blastomycosis, aspergillosis, cryptococcosis, sporotrichosis, coccidioidomycosis, paracoccidiomycosis, and candidiasis.

Other afflictions responding to the low doses of IFN-gamma of the present invention are autoimmune disorders, inflammatory disorders, immuno-

5 deficiency disorders, and fibrosis. Low doses of IFN-gamma may be used to modulate the immune response to such autoimmune disorders as rheumatoid arthritis, systemic lupus erythematosus, multiple sclerosis, myasthenia gravis, Guillain-Barré syndrome, Graves disease, Sjögren's syndrome, autoimmune alopecia, scleroderma, psoriasis, and graft-versus-host disease.

10 Acute inflammatory disorders that respond to low doses of IFN-gamma in accordance with this invention include such hyperallergenic conditions as asthma, anaphylaxis, eczema, atopic and allergic contact dermatitis, and food, drug, and environmental allergies. Acute inflammation induced by radiation of the lungs, brain or kidney during radiation therapy for tumors, by reperfusion injury incident to
15 stroke or coronary artery blockage, or by traumatic burns or traumatic injury to the brain or spinal cord also respond to the low doses of IFN-gamma of the present invention. Inflammatory disorders involving monocyte or neutrophil dysfunction that respond to low doses of interferon include such diseases as chronic granulomatous disease, Chédiak-Higashi syndrome, Job's syndrome, systemic lupus erythematosus,
20 osteopetrosis, and aplastic anemia.

Any immunodeficiency-related disorder, including disorders resulting from attenuated B cell function, may also be treated with the low doses of interferon of the present invention including such disorders as acquired immunodeficiency syndrome, xeroderma pigmentosum, severe combined immunodeficiencies

25 agammaglobulinemias, multiple myeloma, leukemias, and the like. Fibrosis,
including interstitial joint and interstitial lung diseases and diseases of the lower
bronchial or alveolar lining, may also be treated with the low doses of IFN-gamma
used in accordance with this invention. Additionally, fibrotic diseases of any other
organ or tissue, including the kidney, liver, heart, pericardium, retina or other ocular
30 tissues, peritoneum, spinal tissue, and the meninges may be treated in accordance with
this invention.

The method of the present invention may be used in combination with other therapies, such as in the case of treatment of cancer in combination with surgical removal of a tumor or radiation therapy or chemotherapy, or in the case of microbial diseases in combination with antibiotics. Antibiotics, including antimicrobials and 5 antifungals, can be administered in combination with the low doses of IFN-gamma of the present invention. Such antibiotics include penicillins, cephalosporins, vancomycin, erythromycin, clindamycin, rifampin, chloramphenicol, aminoglycosides, gentamicin, and amphotericin B. In the case of fibrotic diseases, IFN-gamma may be used in combination with an antifibrotic.

10 IFN-gamma for administration into the oral cavity can be formulated utilizing art-recognized techniques into pharmaceutically acceptable liquid carriers, for example, in the form of a syrup, a suspension, or a spray, or they can be formulated in combination with pharmaceutically acceptable solid carriers in the form of tablets, capsules, caplets, gel-seals, lozenges or sachets.

15 The IFN-gamma intended for buccal, sublingual, or pharyngeal administration in accordance with the present invention is administered to the patient in a dosage form adapted to promote contact of the administered interferon with the patient's oral and pharyngeal mucosa. Thus, the dosage form can be formulated as an IFN-gamma-containing solution, including a suspension, a spray, or syrup, to be

20 administered and used by the patient in a manner which promotes contact of the IFN-gamma component with the oral mucosal tissues, for example, by holding the interferon solution in the mouth for up to one or two minutes. Alternatively, the interferon can be administered by oral ingestion wherein the compounds are formulated into, for example, a syrup or a suspension to be swallowed by the patient 25 and not held in the mouth. Syrups for either use may be flavored or unflavored and may be formulated using a buffered aqueous solution of interferon as a base with added caloric or non-caloric sweeteners, flavor oils and pharmaceutically acceptable surfactant/dispersants. Other liquid dosage forms known in the art can be prepared and can be administered buccally, sublingually, pharyngeally, or by oral ingestion. 30 Alternatively, interferon may be administered into the stomach through a nasogastric

tube and for the purposes of this invention such a route of administration is defined as oral administration.

Preferably, the IFN-gamma for use in the present invention is formulated into a solid dosage form comprising the low dose of IFN-gamma in a saliva-soluble carrier, optionally with desirable excipients, such as buffers or tabletting aids. The solid dosage form is formulated to dissolve, when held in a patient's mouth, to form a saliva solution of the dose of IFN-gamma to promote contact of the interferon with the oral and pharyngeal mucosa.

Exemplary of saliva-soluble dosage forms are lozenges, tablets, caplets, capsules, gel-sols, sachets, and the like. In one embodiment, the solid dosage form is in the form of a lozenge adapted to be dissolved upon contact with saliva in the mouth, with or without assistance of chewing, to form a saliva solution of the interferon. Lozenge dosage forms of this invention can be prepared, for example, by art-recognized techniques for forming compressed tablets where the interferon is dispersed on a compressible solid carrier, optionally combined with any appropriate tabletting aids such as a lubricant (e.g., magnesium stearate) and compressed into tablets. The solid carrier component for such tabletting formulations can be a saliva-soluble solid, such as a cold-water-soluble starch or a monosaccharide or disaccharide, so that the lozenge will readily dissolve in the mouth to release the contained interferon in saliva solution for contact with and absorption by the oral/pharyngeal mucosa when the lozenge is held in the mouth. The pH of the above-described formulations can range from about 4 to about 8.5. Lozenges for use in accordance with the present invention can also be prepared utilizing other art-recognized solid unitary dosage formulation techniques.

Tablets for use in accordance with this invention can be prepared in a manner similar to that described for preparation of lozenges or by other art-recognized techniques for forming compressed tablets such as chewable vitamins. Suitable solid carrier components for tabletting include mannitol, microcrystalline cellulose, carboxymethyl cellulose, and dibasic calcium phosphate.

Solid dosage forms for oral ingestion administration include such dosage forms as caplets, capsules, and gel-seals. Such solid dosage forms can be

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prepared using standard tabletting protocols and excipients to provide interferon gamma-containing capsules, caplets, or gel-seals. Any of the solid dosage forms for use in accordance with the invention, including lozenges and tablets, may be in a form adapted for sustained release of the IFN-gamma.

5 Parenteral dosage forms of IFN-gamma in accordance with this invention are typically in the form of a reconstitutable lyophilizate comprising the dose of IFN-gamma. The lyophilizate can be rehydrated using sterile saline, or another pharmaceutically-acceptable buffer optionally along with stabilizers known to those skilled in the art, for injection immediately prior to administration. Such
10 parenteral administration may be intradermal, subcutaneous, intramuscular, intraperitoneal, intranasal, intravenous, or topical. Intranasally administered IFN-gamma may be administered in the form of, for example, a spray for inhalation of dispersed liquid droplets or a powder administered by inhalation.

Any topical dosage forms known to those skilled in the art may be used. For example, topical dosage forms may comprise IFN-gamma, and as stabilizers a trihydric or higher polyhydric sugar alcohol, an organic acid buffer, and a conventional pharmaceutical carrier or diluent. Optionally, the composition may further contain as a stabilizer a material such as an anionic surfactant, albumin, and combinations thereof. Exemplary of a trihydric or higher polyhydric sugar alcohol are glycerin, erythritol, sorbitol, mannitol, and the like. Organic buffers include buffers such as citrate, succinate, tartrate, fumarate, and acetate buffers.
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A "pharmaceutical acceptable carrier" for use in accordance with the invention is compatible with other reagents in the pharmaceutical composition and is not deleterious to the patient. The pharmaceutically acceptable carrier formulations for pharmaceutical compositions adapted for oral ingestion or buccal/sublingual administration including lozenges, tablets, capsules, caplets, gel-seals, and liquid dosage forms, including syrups, sprays, and other liquid dosage forms, have been described above. IFN-gamma can also be adapted for parenteral administration in accordance with this invention using a pharmaceutical acceptable carrier adapted for use in a liquid dose form. Such a liquid solution of IFN-gamma may be in the form of a clarified solution or a suspension. Exemplary of a buffered solution suitable as a
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carrier of IFN-gamma administered parenterally in accordance with this invention is phosphate buffered saline prepared as follows:

A concentrated (20x) solution of phosphate buffered saline (PBS) is prepared by dissolving the following reagents in sufficient water to make 1,000 ml of
5 solution: sodium chloride, 160 grams; potassium chloride, 4.0 grams; sodium hydrogen phosphate, 23 grams; potassium dihydrogen phosphate, 4.0 grams; and optionally phenol red powder, 0.4 grams. The solution is sterilized by autoclaving at 15 pounds of pressure for 15 minutes and is then diluted with additional water to a single strength concentration prior to use.

10 The pharmaceutical formulations in accordance with this invention may comprise about 10 to about 50,000 IU of IFN-gamma, more typically about 100 to about 10,000 IU of IFN-gamma in combination with a saliva-soluble carrier. The dose can be formulated using standard pharmaceutical formulation techniques for oral or parenteral administration with an acceptable carrier, alone or in combination with
15 effective amounts of other therapeutic agents including antimicrobials, antifungals, antifibrotics, and chemotherapeutics known for use in cancer therapy and in treatment of autoimmune diseases characterized by hyperactive or hypoactive immune system dysfunction.

The daily doses of IFN-gamma for administration in accordance with
20 the method of this invention can be administered as single doses, or they can be divided and administered as a multiple-dose daily regimen. Further, a staggered regimen, for example, one to three days' buccal/sublingual interferon treatments per week, can be used as an alternative to daily treatment, and for the purpose of defining this invention such intermittent or staggered daily regimen is considered to be
25 equivalent to everyday treatment and within the scope of this invention. The IFN-gamma is administered in low doses one to three times per day until the symptoms of the IFN-sensitive disease have subsided. Typical periods for treatment vary significantly dependent on patient condition and the nature of the disease state. Also, effects similar to those produced by a given daily dosage administered for a given
30 number of days can be achieved by administering lower dosages for a greater number of days, or a higher dosage for a smaller number of days.

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EXAMPLE 1EFFECT OF ORALLY ADMINISTERED IFN- α AND SYSTEMICALLY
ADMINISTERED IFN- γ ON NEUTROPHIL ACTIVATION

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Methods

To form an air pouch the dorsal region of each mouse was shaved and wiped with alcohol. Sterile air (2.5 ml) was injected subcutaneously along the midline through a 0.2 μ m syringe filter and a 30 gauge needle. As air was injected 10 fingers were used to maintain symmetry and proper positioning of the air pouch. Three days later another 2.5 ml of sterile air was injected to further develop the pouch. After another three days, the proinflammatory agent was injected into the pouch.

The pro-inflammatory agent, IL-1 beta, was mixed with a 0.5% carboxymethylcellulose (CMC) solution in sterile PBS at a concentration of 40 ng/ml.

15 IL-1 and 0.5 ml of a 40 ng/ml solution was injected into the air space of the pouch (30 gauge needle), and the pouch was gently massaged so that all areas of the pouch came into contact with the solution.

After 5 hours and 15 minutes, to collect neutrophils from the pouch, 2 ml of a washing solution (EDTA and heparin in PBS) was injected (18 gauge needle) 20 into the air pouch, and the cellular contents of the pouch were removed. The pouch was washed thoroughly, and the fluid was collected using the same syringe. The samples were then centrifuged at 220 x g for 15 minutes. Cells were resuspended with 2 ml of an EDTA-heparin solution in PBS and stained with Turks solution (10:1). Neutrophils were counted using a hemocytometer.

25 The interferons were diluted each day into 1x PBS and were administered orally by injecting 50 μ l of an interferon solution into the mouth of each mouse using a plastic catheter attached to a 1cc syringe. The interferons were injected once per day for three days (oral or I.P. administration). There were three mice per treatment group.

30 The data show the number of neutrophils per ml of fluid collected from each pouch. Dividing by the volume collected from each pouch slightly decreases the error but does not change any patterns. The percent difference is the percent decrease

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in polymorphonuclear leukocytes (PMN's) collected from pouches of mice treated with interferon relative to the untreated controls.

	<u>Treatment groups</u>	<u>PMNs x 10⁴/ml</u>	<u>% Difference</u>
5	IFN-alpha 1 IU orally 1x daily for 3 days	56	-44%
	IFN-alpha 10 IU orally 1x daily for 3 days	82	-18%

Controls

PBS orally 1x daily for 3 days or I.P. as below 100

10	PBS orally 1x daily for 3 days, but no IL-1 injected	16	-84%
	IFN-gamma 2x10 ⁵ IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation	63	-37%

Conclusions

The results of this assay effectively demonstrate IL-1 induced acute inflammation. Significantly fewer neutrophils migrated into the air pouch where the mice were injected with CMC alone (as compared to mice injected with IL-1 and CMC). IFN-gamma injected I.P. (2 x 10⁵ IU) reduced acute inflammation. This treatment can be used as a positive control in future experiments to ensure the validity of the assay. IFN-alpha administered orally (1-10 IU) also reduced acute inflammation.

EXAMPLE 2

EFFECT OF ORALLY ADMINISTERED IFN- α OR IFN- γ ON NEUTROPHIL ACTIVATION

The protocols were similar to those described above for Example 1 except that a wider range of oral IFN-alpha doses were tested and a group of mice was treated with low doses of IFN-gamma administered orally. In addition, the mice were treated orally with the interferons three times daily rather than once daily, and

neutrophils were collected four hours and 20 minutes after injections. There were eight mice in each group.

A Gilson pipettor was used to orally administer the interferon by pipetting 10 μ l of IFN under the tongue; the small volume administered by pipetting

5 was accurate and the solution was found to remain in the mouth.

Treatment groups

		PMNs x 10 ⁴ /ml	% Difference
	IFN- α 0.1 IU administered orally 3x daily for 3 days	41	+24%
10	IFN- α 1 IU administered orally 3x daily for 3 days	36	+9%
	IFN- α 10 IU administered orally 3x daily for 3 days	32	-3%
15	IFN- α 100 IU administered orally 3x daily for 3 days	35	+6%
	IFN- γ 10 IU administered orally 3x daily for 3 days	20	-39%* P=0.04
20	IFN- γ 10 IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation	23	-30%

Controls

PBS orally as above or I.P. as above.	33	
PBS orally as above, but no IL-1 injected	14	-58%*
2×10^5 IFN- γ I.P. as above.	20	-39%* P=0.03

Conclusions

Low-dose oral IFN-alpha given three times per day for three days at several concentrations did not reduce IL-1 induced neutrophil migration in this assay. However, low-dose (10 IU three times/day for three days) oral IFN-gamma

30 significantly reduced neutrophil migration (39% reduction) and may be effective in reducing the severity of inflammation.

EXAMPLE 3

35 EFFECT OF THE CARRIER ON IFN- γ -INDUCED INHIBITION OF NEUTROPHIL RECRUITMENT

The protocols were similar to those described in Example 2 except that mice were treated with a range of IFN- γ doses administered orally. There were 5
40 mice per treatment group. The purpose of this study was to determine if adding a

carrier protein to the IFN-gamma solutions was associated with reduced inflammation. Groups of mice treated with two different doses of IFN-gamma administered orally and a group treated with IFN-gamma injected I.P. were included. The vehicle used was 5% maltose and 0.1% bovine albumin in PBS.

5

<u>Treatment groups</u>	<u>PMNs x 10⁶/ml</u>	<u>% Difference</u>
IFN-γ 10 IU 3x daily orally for 3 days	95	-20%* P=0.035
IFN-γ 100 IU 1x daily orally for 3 days	82	-31%* P=0.016
IFN-γ 1x10 ⁴ IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation	52	-56%* P=0.0002

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Controls

Vehicle alone orally 3x daily for 3 days	119
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Conclusions

In support of the findings of Experiment 2, 10 IU IFN-gamma administered orally three times per day for three days prior to inflammation significantly reduced neutrophil accumulation (20% reduction). The effect was even greater (31% reduction) with 100 IU of IFN-gamma administered orally three times per day for three days. Acute inflammation was also diminished (56% reduction) in the group treated systemically by injection of 1 x 10⁴ IU of IFN-gamma. Either the combination of maltose and albumin, or PBS, appear to protect the IFN-gamma equally well.

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EXAMPLE 4

EFFECT OF HIGHER DOSES OF ORALLY ADMINISTERED IFN-γ ON NEUTROPHIL ACTIVATION

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The protocols were similar to those described in Example 2 except that the interferon treatment time was increased to six days, and interferon dilutions were made immediately before administration. A group of mice treated with 1000 IU of

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interferon was also included and nine-day-old pouches were inflamed instead of six-day-old pouches. There were ten mice per treatment group.

	<u>Treatment groups</u>	<u>PMNs x 10⁴/ml</u>	<u>% Difference</u>
5	IFN- γ 10 IU orally 3x daily for 6 days	133	0%
	IFN- γ 100 IU orally 3x daily for 6 days	99	-26%
	IFN- γ 1000 IU orally 3x daily for 6 days	91	-31%* P=0.043

Controls

10	Vehicle 3x orally daily for 6 days	133	
	Vehicle 3x daily for 6 days, but no IL-1 injected	33	-75%
	IFN- γ 2x10 ⁴ IU I.P. 1x daily 2 days, 1 day, and 1 hour before inflammation (N=5)	124	-7%
		84	-37%* P=0.021

15

Conclusions

IFN-gamma 1000 IU administered orally three times per day for six days prior to inflammation significantly reduced neutrophil accumulation (31% reduction). An effect was also seen with 100 IU of oral IFN-gamma (26% reduction).

20 I.P. injections with 2 x 10⁴ IU of IFN-gamma caused a significant reduction in neutrophil migration (37% reduction). Low doses of IFN-gamma administered orally were again effective in reducing accumulation of neutrophils at the site of acute inflammation. Thus, orally administered low-dose IFN-gamma and low-dose parenterally administered IFN- γ decrease the severity of acute inflammation as demonstrated by the murine air pouch model.

EXAMPLE 5

30 EFFECT OF ORALLY ADMINISTERED IFN- γ ON THE ACUTE AND QUIESCENT PHASES OF MURINE *Mycobacterium tuberculosis* INFECTION

000000-555555-222222

A total of 360 female C57B46 mice susceptible to the Erdman strain of human *Mycobacterium tuberculosis* were used in a study to determine the biologic activity of human lymphoblastoid interferon alpha and gamma (HBL IFN α and IFN γ) administered by the oral mucosal route for the treatment of experimentally induced

5 tuberculosis (TB) infection in mice.

Acute Phase:

10 Animals - 180 mice Inoculation - study day 0
Therapy -- study days -7 to +7, every other day (8 doses)

Treatment groups -- IFN α and IFN γ , 90 mice each

Dosage Groups -0, 0.001, 0.01, 0.1, 1.0 and 10.0 IU, 15 mice each
Sample--study days 10, 20, and 30, 5 mice from each dosage group

15 Quiescent Phase:

15 Animals - 180 mice Inoculation - study day 0

Therapy -- study days 60 to 88, every other day (14 doses)

Treatment groups -- IFN α and IFN γ , 90 mice each

Dosage Groups -0, 0.001, 0.01, 0.1, 1.0 and 10.0 IU, 15 mice each
Sample--study days 80, 100, and 120, 5 mice from each dosage group

20 Evaluations: The following endpoints will be used for efficacy.

CFU per gram of lung and spleen tissue were assayed. Analysis of variance for appropriate comparisons were performed on the CFU of each treatment group. The model system does not normally produce mortality in the mice; therefore, any premature deaths were recorded. A Chi-square test was used to identify statistical differences in mortality rates between appropriate groups.

25 Results of studies using IFN γ during the acute phase of the infection produced interesting results. At the 30-day sampling, the three highest doses of IFN γ (8 doses of 0.1, 1.0 and 10.0 IU every other day starting at study day -7), had significantly fewer ($p=0.01$) CFU than the control group.

What is claimed is:

1. A method for reducing acute inflammation in a warm-blooded vertebrate suffering from such inflammation, said method comprising the steps of
5 administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and reducing said acute inflammation.

2. The method of claim 1 wherein the IFN-gamma is administered buccally or sublingually in a solution or in a solid saliva-soluble dosage form.

10 3. The method of claim 1 wherein the vertebrate is a human patient suffering from an inflammation induced by radiation of the lungs, brain or kidney during radiation therapy for tumors.

4. The method of claim 1 wherein the acute inflammation is the result of reperfusion injury incident to stroke or coronary artery blockage.

15 5. The method of claim 1 wherein the warm-blooded vertebrate is a human patient suffering from a traumatic injury to the brain or spinal cord.

6. The method of claim 1 wherein the acute inflammation is the result of traumatic burns in a human patient.

7. The method of claim 1 wherein the acute inflammation is asthma.

20 8. The method of claim 1 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

9. The method of claim 1 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

10. A method for treating or preventing IFN-gamma sensitive disease
25 states selected from the group consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer and fibrosis in a human patient suffering from such disease, said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate, and treating or preventing said disease states.

30 11. The method of claim 10 wherein the disease state is selected from the group consisting of chronic granulomatosis disease and osteopetrosis.

12. The method of claim 10 wherein the disease state is fibrosis of any organ.

13. The method of claim 10 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

5 14. The method of claim 10 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

15. A method for treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases comprising the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and treating or preventing said bacterial or fungal disease.

10 16. The method of claim 15 wherein the IFN-gamma is administered into the oral cavity.

17. The method of claim 16 wherein the IFN-gamma is administered sublingually or buccally.

15 18. The method of claim 15 wherein the IFN-gamma is administered in a liquid dosage form.

19. The method of claim 15 wherein the IFN-gamma is administered in a solid dosage form.

20 20. The method of claim 19 wherein the solid dosage form is saliva-soluble and prepared for dissolution in saliva in the mouth.

21. The method of claim 15 wherein the interferon-gamma is administered at about 0.1 to about 5000 IU of interferon-gamma/kg of body weight of said vertebrate.

25 22. The method of claim 15 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

23. The method of claim 15 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

24. A pharmaceutical formulation for treatment of a disease selected from the group consisting of acute inflammation, monocyte, neutrophil, or B cell dysfunction, cancer, bacterial and fungal diseases, and fibrosis, said formulation

30

comprising in unit dosage form about 10 to about 50,000 IU of human IFN-gamma and a pharmaceutically acceptable carrier therefor.

25. The pharmaceutical formulation of claim 24 in liquid form.
26. The pharmaceutical formulation of claim 24 in solid form.
- 5 27. The pharmaceutical formulation of claim 24 wherein the pharmaceutical acceptable carrier comprises a saliva-soluble solid and the formulation is in lozenge dosage form.
28. A pharmaceutical formulation for treatment of a disease selected from the group consisting of acute inflammation, monocyte, neutrophil, or B cell 10 dysfunction, cancer, bacterial and fungal diseases, and fibrosis, said formulation comprising in unit dosage form about 10 to about 50,000 IU of human IFN-gamma, a therapeutic agent selected from the group consisting of an antibiotic, an antifungal, an antifibrotic, and a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune 15 system dysfunction, and a pharmaceutically acceptable carrier therefor.
29. A method of activating the B-cell population of a patient suffering from a disease state characterized by attenuated B-cell function said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and activating at 20 least a portion of said B-cell population.
30. The method of claim 29 wherein the IFN-gamma is administered into the oral cavity.
31. The method of claim 30 wherein the IFN-gamma is administered sublingually or buccally.
- 25 32. The method of claim 29 wherein the IFN-gamma is administered in a liquid dosage form.
33. The method of claim 29 wherein the IFN-gamma is administered in a solid dosage form.
34. The method of claim 33 wherein the solid dosage form is saliva- 30 soluble and is in lozenge dosage form.

35. The method of claim 29 wherein the interferon-gamma is administered at about 0.1 to about 5000 IU of interferon-gamma/kg of body weight of said vertebrate.

36. The method of claim 29 wherein the interferon-gamma is administered at about 1 to about 500 IU of interferon-gamma/kg of body weight of said vertebrate.

37. The method of claim 29 wherein the interferon-gamma is administered at about 1 to about 100 IU of interferon-gamma/kg of body weight of said vertebrate.

38. A method for treating or preventing bacterial or fungal disease in a warm-blooded vertebrate susceptible to said diseases, the method comprising the steps of administering orally or parenterally to said vertebrate about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antibiotic and an antifungal, and treating or preventing said bacterial or fungal disease.

40. A method for treating or preventing IFN-gamma sensitive disease states selected from the group consisting of diseases characterized by monocyte and neutrophil dysfunction, cancer and fibrosis in a human patient suffering from such disease, said method comprising the steps of administering orally or parenterally to said patient about 0.1 to about 10,000 IU of IFN-gamma/kg of body weight of said vertebrate and a therapeutic agent selected from the group consisting of an antifibrotic and a chemotherapeutic agent known for use in cancer therapy or for treatment of immune diseases characterized by hypoactive or hyperactive immune system dysfunction, and treating or preventing said disease states.

Abstract of the Disclosure

The use of low doses of IFN-gamma in the treatment of interferon-sensitive diseases is described. The IFN-gamma can be administered orally, 5 preferably buccally or sublingually, or parenterally in low doses to activate monocyte, neutrophil, or B cell function, to decrease acute inflammation, or to treat cancer, bacterial or fungal diseases, or fibrosis in a patient suffering from such disease states. Pharmaceutical formulations containing low doses of IFN-gamma in combination with a pharmaceutical acceptable carrier and suitable for oral administration are also 10 described.

0082605 SEE22960

PART 1 OF 2

Attorney Docket No.: 7523-37230

DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION

As a below-named inventor, I hereby declare that I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*# plural names are listed below*) of the subject matter which is claimed and for which a patent is sought in the application entitled:

Low-Dose IRN-Gamma Compositions And Their Use For Treatment Of Interferon-Sensitive Diseases, the

specification of which

(check one)

is attached hereto

was filed on _____

United States Application Serial No. _____

as

PCT International Application No. _____

or

and was amended on _____

(if applicable)

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 35, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefit under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for patent or inventor's certificate on which priority is claimed (as listed below) and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

60/156,480

28 September 1999

Application Number

Filing Date

Application Number

Filing Date

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

Status-patented, pending, abandoned

Application Serial No.

Filing Date

Status-patented, pending, abandoned

I hereby appoint William R. Coffey, Reg. No. 24073; Arland T. Stein, Reg. No. 25062; Nancy J. Harrison, Reg. No. 27083; Richard D. Conrad, Reg. No. 27321; Dilip A. Kulkarni, Reg. No. 27410; Steven R. Lammert, Reg. No. 27653; Richard A. Razek, Reg. No. 30796; David B. Quirk, Reg. No. 31932; Paul B. Hunt, Reg. No. 37154; Sue Corbett Watson, Reg. No. 38860; Jill T. Powlick, Reg. No. 42086; William B. Richards, Reg. No. 44301; Jay S. Paranjape, Reg. No. A5486; James K. Sweeney II, Reg. No. 45670; Dustin S. Dubois, Reg. No. 46233; Christopher E. Haigh, Reg. No. 46377; Rebecca Ball, Reg. No. 46535; Perry Palan, Reg. No. 26213; Mark M. Newman, Reg. No. 31472; David E. Herzon, Reg. No. 46467; Bobby B. Gillenwater, Reg. No. 31105; Gregory S. Cooper, Reg. No. 40965; Scott M. Lohnes, Reg. No. 44541; Thomas J. Donvan, Reg. No. 33231; Alice O. Martin,

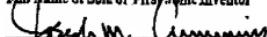
Reg. No. 35801; Grant H. Peters, Reg. No. 35977; Mark A. Hamill, Reg. No. 37145; Michael B. Allen, Reg. No. 37582; and Mark D. Maloney, Reg. No. 43771, as attorneys of record with full power of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

BARNES & THORNBURG
11 South Meridian Street
Indianapolis, Indiana 46204
Telephone (317) 236-1313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Joseph M. Cummings

Full Name of Sole or First Joint Inventor



Inventor's Signature

544 Crockett Street

Amarillo, Texas 79102

Residence and Post Office Address

Edward P. Amento

Full Name of Second Joint Inventor



1030 Westridge Drive

Rancho Valley, California 94028

Residence and Post Office Address

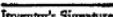
Full Name of Third Joint Inventor

U.S.

Country of Citizenship

September 28, 2000

Date



U.S.

Country of Citizenship

Date

Residence and Post Office Address

Full Name of Fourth Joint Inventor

Country of Citizenship



Country of Citizenship

Date

Residence and Post Office Address

08/25/00 MON 16:34 FAX 317 231 7433

Barnes & Thornburg

027

Express Mail No. EL 504 447 605 US

PART 2 OF 2

Attorney Docket No.: 5523-37240

DECLARATION AND POWER OF ATTORNEY - PATENT APPLICATION

As a below named inventor, I hereby declare that I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought in the application entitled:

Low Dose IFN-Gamma Compositions And Their Use For Treatment Of Interferon-Sensitive Diseases, the specification of which

(check one)

 is attached hereto

15

 was filed on _____ or PCT International Application No. _____ and was amended on _____ (if applicable)

I hereby declare that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(e)-(d) of any foreign application(s) for patent or inventor's certificate on which priority is claimed (as listed below) and I have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)	Priority Claimed			
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

I hereby claim benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

60/156,480 Application Number	28 September 1999 Filing Date
----------------------------------	----------------------------------

Application Number	Filing Date
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I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(b) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status-patented, pending, abandoned
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I hereby appoint William R. Coffey, Reg. No. 24023; Arland T. Stein, Reg. No. 25062; Nancy J. Harrison, Reg. No. 27083; Richard D. Conard, Reg. No. 27321; Dilip A. Kulkarni, Reg. No. 27510; Steven R. Lammer, Reg. No. 27653; Richard A. Rezak, Reg. No. 30796; David B. Quick, Reg. No. 31993; Paul B. Hunt, Reg. No. 37154; Sue Corbett Watson, Reg. No. 38850; Jill T. Powlick, Reg. No. 42088; William B. Richards, Reg. No. 44301; Jay S. Paranjape, Reg. No. 45486; James R. Sweeney II, Reg. No. 45670; Dustin S. DuBois, Reg. No. 46233; Christopher E. Haigh, Reg. No. 46377; Rebecca Ball, Reg. No. 46535; Perry Palan, Reg. No. 26213; Mark M. Newman, Reg. No. 31472; David B. Herron, Reg. No. 46467; Bobby B. Gilkenwester, Reg. No. 31105;

Reg. No. 35601; Grant H. Peters, Reg. No. 35977; Mark A. Hamil, Reg. No. 37145; Michael B. Allen, Reg. No. 37582; and Mark D. Maloney, Reg. No. 43771, as attorneys of record with full power of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

BARNES & THORNBURG
11 South Meridian Street
Indianapolis, Indiana 46204
Telephone (317) 236-1313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Joseph M. Crummins

Full Name of Sole or First Joint Inventor

U.S.

Country of Citizenship

Inventor's Signature

Date

1514 Crockett Street

Amarillo, Texas 79102

Residence and Post Office Address

Edward P. Amento

Full Name of Second Joint Inventor

Edward P. Amento, Jr.

Inventor's Signature

U.S.

Country of Citizenship

Sept. 27, 2000

Date

1030 Westridge Drive

Portola Valley, California 94028

Residence and Post Office Address

Full Name of Third Joint Inventor

Country of Citizenship

Inventor's Signature

Date

Residence and Post Office Address

Full Name of Fourth Joint Inventor

Country of Citizenship

Inventor's Signature

Date

Residence and Post Office Address

02800-SEC2/950